

ROUTING SLIP FOR INVOICES

DATE December 20, 2017

CONTRACTOR FVRI

CFMS 2000234086

MONTH OF SERVICE November-2017

TO Trusclair

INITIAL REVIEW 

DATE 12/28/17

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 

DATE 1/10/18

POSTED TO SPREADSHEET _____

SENT TO FISCAL 1/10/2018

EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:

1/10/18 - Adjusted Lodging for Charles Thomas from \$98.10 to \$97.00



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcfsl.a.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

December 28, 2017

MEMORANDUM

TO: OM&F Fiscal
Contract Payments

FROM: Dora Thomas 
Program Manager

RE: Invoice for payment
PO #2000234086
Family Values Resource Institute

Please find attached an invoice for payment.

If you have any questions, contact Charlene Trusclair (225) 342-5004.

DT/ct

Attachment



DEPARTMENT OF CHILDREN AND FAMILY SERVICES Cost Reimbursement Invoice Form

Received

DEC 20 2017

DCFS
Economic Stability

Family Values Resource Institute, Inc,
Contractor Name

7515 Scenic Highway
Mailing Address

Baton Rouge, LA 70807
City, State, Zip

- Barbara Thomas / 225-359-9001
Contact Person/Telephone Number

NOVEMBER 2017
Service Period

2000234086
Contract/CFMS#

NOVEMBER 2017
Invoice Number
234086-1117

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,374.99	\$57,499.94	\$71,874.93	\$100,625.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$4,929.13	\$6,028.81	\$16,206.44	
TRAVEL	\$1,000.00	286.72 \$287.82	\$571.57	\$ 859.39	\$ 140.61	
OPERATING SERVICES	\$52,564.75	\$3,374.43	\$18,310.82	\$21,685.25	\$30,879.50	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$17,922.31	\$22,232.03	\$41,667.97	
OTHER CHARGES	\$216,000.00	\$15,400.00	\$55,200.00	\$70,600.00	\$145,400.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$1,000.00	\$0.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	CT \$30,846.64	\$154,433.77	\$194,280.41	\$334,919.59	\$ 0.00

39,845.54

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Barbara Thomas
Signature of Authorized Representative and Title

12/15/17
Date

O.C

FOR DCFS USE ONLY

Obj 3740	Rep Cat 5071	Sub Obj	ACTV
Obj	Rep Cat	Sub Obj	ACTV
Obj	Rep Cat	Sub Obj	ACTV

14,374.99 +
1,099.68 +
286.72 +
3,374.43 +
4,309.72 +
15,400.00 +
1,000.00 +

penditures have been reviewed in accordance with contract and program guidelines
ave been received.

Thomas Proctor
le of Authorized DCFS Official
1/20/18
Date

007

39,845.546+

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

FINANCIAL REPORTING INSTRUCTIONS

Column A - Expenditure Category – Enter the expenditure categories required by the contract.

Column B – Approved Budget – Enter the approved budget for the current contract term for the budget categories approved in the contract.

Column C – Current Period Expenditures – Enter the expenditures incurred and paid for the current reporting period.

Column D – Prior Period Expenditures - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

Column E – Cumulative Expenditures To Date – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

Column F – Remaining Balance – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

Column G – Cost Sharing – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

Personnel – Salaries and wages provided for all persons directly employed by the contractor.

Fringe Benefits – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

Travel – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

Operating Services – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

Supplies – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

Professional Services – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

Other Charges – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

Equipment/Acquisitions – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

Indirect Costs – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

Family Values Resource Institute, Inc.	FY 18	Expenditure	Permitting	Jul-17	Aug-17	Sept-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sept-18	Oct-18	Nov-18	Dec-18	Total
Personnel																						
Project Director, Barbara Thomas 80%	45,000.00	18,750.00	26,250.00	3,750.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45,000.00
Project Administrator, Michael Ferris 80%	28,000.00	11,666.70	16,333.30	2,333.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,000.00
Education Specialist, Alison Davis 100%	25,000.00	10,416.63	14,583.37	2,083.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Compliance Officer, Neil Thomas/Tasha Davis 70%	24,500.00	10,416.63	14,083.37	2,041.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,500.00
Data Entry Specialist, Patricia Brown 100%	25,000.00	10,416.64	14,583.36	2,083.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Client Services Coordinator, Sherry Walker 100%	22,500.00	10,416.64	12,083.36	1,666.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,500.00
Finance																						
Project Director, Barbara Thomas 80%	5,000.50	1,522.59	4,477.91	372.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.50
Project Administrator, Michael Ferris 80%	3,600.50	960.10	2,640.40	264.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,600.50
Education Specialist, 100%	3,222.50	862.07	2,360.43	247.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,222.50
Compliance Officer, Chantal Thomas/Tasha Davis 70%	3,181.06	872.52	2,308.53	244.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,181.06
Data Entry Specialist, Patricia Brown 100%	3,222.50	862.55	2,360.45	247.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,222.50
Client Services Coordinator, Sherry Walker 100%	3,222.50	862.55	2,360.45	247.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,222.50
Total Finance	22,335.55	6,025.28	16,310.27	1,623.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,335.55
Travel Expenses																						
Conference Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outside Travel	600.00	496.18	103.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00
Other	400.00	296.72	103.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00
Total Travel	1,000.00	792.90	207.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Operating Services																						
Building Rent	14,600.00	6,000.00	8,600.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,600.00
Utilities	1,500.00	1,192.05	307.95	288.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00
Telephone	1,000.00	1,350.00	3,350.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Maintenance	10,244.00	3,945.75	6,298.25	757.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,244.00
Advertising (Banner signs & other advertising outlets)	2,000.00	2,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00
Printing	1,200.00	594.70	605.30	244.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,200.00
Computer Leases	2,342.00	964.50	1,377.50	186.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,342.00
Postage	965.95	294.18	671.77	24.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	965.95
Office Supplies	1,000.00	572.44	427.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Services Provider Training	250.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00
Internet	900.00	375.00	525.00	75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	900.00
Electronic Payroll Transmission Fees	2,344.00	1,138.85	1,205.15	275.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,344.00
Liability Insurance	1,300.00	1,107.90	192.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,300.00
Office Client Database	4,100.00	1,250.00	2,850.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,100.00
Total Operating	52,644.75	20,685.45	31,959.30	3,604.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,644.75
Professional																						
Evaluator	10,000.00	5,000.00	5,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Public Relations	9,000.00	3,000.00	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,000.00
Auditor	11,500.00	0.00	11,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,500.00
Blank	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Accounting Bookkeeping Services	37,000.00	13,722.03	23,277.97	3,295.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,000.00
Total Professional	48,500.00	22,352.03	26,147.97	4,595.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48,500.00
Equipment (2 laptops)	1,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Other Charges																						
Subcontractors	215,000.00	69,000.00	146,000.00	13,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	215,000.00
Total Other Charges	215,000.00	70,000.00	145,000.00	13,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	215,000.00
Total	529,900.00	189,900.00	339,900.00	37,228.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	529,900.00

July figures original amount submitted

Workmen's Comp \$500.00/6-688.40 per staff

286.67
178.50
159.37
156.18
159.37
159.37
1,079.46

**DEPARTMENT OF Children and Family Services
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
Alternatives to Abortion**

CONTRACTOR: Family Values Resource
Institute, Inc.
ADDRESS: 7515 Scenic Hwy.
Baton Rouge, La. 70807

CFMS: 2000234086

Rep. Cat. 5071
Org. 4274

**MONTH AND YEAR OF
SERVICE:**

**NOVEMBER
2017**

PHONE: 225-359-9001

CON 0 • C Thomas

PERSONNEL SERVICES	
1,099.68 +	\$ 3,750.00
14,374.99 +	\$ 2,333.34
002	\$ 2,083.33
15,474.67 +	\$ 2,041.66
	\$ 2,083.33
	\$ 2,083.33
	\$ 1,099.68
SUBTOTAL	\$ 15,474.67

OTHER EXPENSES:

Rent	\$ 1,200.00
Utilities	\$ 207.61
Printing	\$ 0.00
Copier Lease	\$ 196.90
Travel	\$ 287.82
Postage	\$ 0.00
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 250.00
Telephone	\$ 75.00
Internet	\$ 250.00
Online Client Database	

This completed form and supporting documentation is due to the following address by the 15th of the month following services:

Dept. of Children and Family Services
P.O. Box 94065
Baton Rouge, LA 70804-9065
ATTN: Candice Kinney 5th Floor – 5-300-24

FOR DSS USE ONLY

INVOICE # _____

Reviewed and Approved:

DCFS Contract Services Representative Signature

Date



WHITNEY BANK

P.O. Box 4019 Gulfport, MS 39502



Page: 1 of 1

Statements Dates

11/01/2017 - 11/30/2017

Account Number:

Images:

0

***ZERO CHECKS* E0**

Return Service Requested

1

110000 001

**FAMILY VALUES RESOURCE INSTITUTE INC
RESTRICTED FUNDS**

P O BOX 74403

BATON ROUGE LA 70874

**WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.**

******* CHECKING ACCOUNT SUMMARY *******

Checking Account Summary

PREVIOUS BALANCE

+ 8 CREDITS

- 6 DEBITS

- SERVICE CHARGES

+ INTEREST PAID

ENDING BALANCE

AVERAGE BALANCE

988.87

YTD INTEREST PAID

.00

******* CHECKING ACCOUNT TRANSACTIONS *******

• Deposits and Other Credits

Date Amount Description

Date Amount Description



110000001

• Other Debits

Date Amount Description

Date Amount Description

11/14 6,692.98 PAYROLL PAYCHEX INC.

11/29 6,692.93 PAYROLL PAYCHEX INC.
017332007412715CCD

11/30 payroll

Balance By Date

Date Balance

Date Balance

Date Balance

Received

DEC 20 2017

DCFS
Economic Stability

11/15 payroll

PAYROLL JOURNAL

EMPLOYEE NAME
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS

WITHHOLDINGS

DEDUCTIONS

NET PAY ALLOCATIONS

**** 100 STAFF BI-WEEKLY
Brown, Patricia A
35 Date Entry
LAL Hours

Davis, Allison
37 Education Specialist
LAL Hours
EMPLOYEE TOTAL

Davis, Talisha
4 Compliance Coordinator
LAL Hours
EMPLOYEE TOTAL

Ferris, Michael A
5 Project Administrator
LAL Hours
EMPLOYEE TOTAL

Price, Hersey W
7
FVH
EMPLOYEE TOTAL

Thomas, Barbara J
11 Project Director
FVH
EMPLOYEE TOTAL

Walker, Shirley
12 Client Services Coordinator
LAL Hours
EMPLOYEE TOTAL

100 STAFF BI-WEEKLY TOTALS
7 Person(s)
7 Transaction(s)
FVH
LAL Hours
EMPLOYEE TOTAL

1,041.67

1,041.67

1,041.67

437.50

1,020.83

1,458.33

291.67

1,166.67

1,458.34

269.22

269.22

208.34

1,875.00

2,083.34

1,041.67

1,041.67

1,206.73

7,187.51

Social Security
Medicare
Fed Income Tax
LA Income Tax

Social Security
Medicare
LA Income Tax

Social Security
Medicare
Fed Income Tax
LA Income Tax

Social Security
Medicare
Fed Income Tax
LA Income Tax

Social Security
Medicare
Fed Income Tax
LA Income Tax

Social Security
Medicare
Fed Income Tax
LA Income Tax

Social Security
Medicare
Fed Income Tax
LA Income Tax

Social Security
Medicare

64.58 STD Post-Tax
15.11
97.14
26.00

64.58 STD Post-Tax
15.11
25.00

90.42 STD Post-Tax
21.15
76.04
30.00

90.42 STD Post-Tax
21.15
125.83
46.00

16.69
3.91
2.50
4.00

129.16 STD Post-Tax
30.21
194.27
65.00

64.58 STD Post-Tax
15.10
118.34
26.00

520.45 STD Post-Tax
121.74

36.72 Direct Deposit # 6750
Check Amt 0.00
Chkg 0017 802.11

36.72 Direct Deposit # 6751
Check Amt 0.00
Chkg 3799 911.01

25.97 Direct Deposit # 6752
Check Amt 0.00
Chkg 0014 1,141.43

99.29 Direct Deposit # 6753
Check Amt 0.00
Chkg 1002 1,174.84

Net Pay 1,174.94
Direct Deposit # 6754
Check Amt 0.00
Chkg 5356 242.12

Net Pay 242.12
Direct Deposit # 6755
Check Amt 0.00
Chkg 0016 1,616.70

Net Pay 1,616.70
Direct Deposit # 6756
Check Amt 0.00
Chkg 2191 804.82

Net Pay 804.82
Check Amt 0.00
Dir Dep 6,692.83

PAYROLL JOURNAL

EMPLOYEE NAME
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS

WITHHOLDINGS

DEDUCTIONS

NET PAY
ALLOCATIONS

DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
100 STAFF BI-WEEKLY TOTAL		14.00	8,394.24		Fed Income Tax 614.12 LA Income Tax 222.00 Employer Liabilities 1,478.31 Social Security 520.44 Medicare 121.71 TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.46		
**** 300 1099 Isaac, Latoshia S (IC) 36	1099 Misc Comp 1099 Misc Comp			361.81 1,304.86		Deduction	20.10 Direct Deposit # 460 Check Amt 0.00 Chkg 0010 1,646.57
300 1099 TOTAL	1099 Misc Comp 300 1099 TOTAL			1,666.67		Deduction	20.10 Net Pay 1,646.57
1 Person(s) 1 Transaction(s)	1099 Misc Comp			1,666.67		Deduction	20.10 Check Amt 0.00 Dir Dep 1,646.57
COMPANY TOTALS	Fvt LAL Hours 1099 Misc Comp COMPANY TOTAL	14.00 14.00	1,206.73 7,187.51	1,666.67 1,666.67	Social Security 520.45 Medicare 121.74 Fed Income Tax 614.12 LA Income Tax 222.00 Employer Liabilities 1,478.31 Social Security 520.44 Medicare 121.71 TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.46	20.10 Deduction 222.00 STD Post-Tax 20.10 Check Amt 0.00 Dir Dep 8,339.50	20.10 Net Pay 8,339.50
(IC) = Independent Contractor							

PAYROLL JOURNAL

EMPLOYEE NAME
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS

WITHHOLDINGS

DEDUCTIONS

NET PAY
ALLOCATIONS

**** 100 STAFF BI-WEEKLY

Brown, Patricia A

35

Data Entry

LAL Hours

1,041.66

Social Security
Medicare
Fed Income Tax
LA Income Tax64.58 STD Post-Tax
15.10
97.13
26.0036.72 Direct Deposit # 6743
Check Amt 0.00
Chkg 0017 802.13

Davis, Allison

37

Education
Specialist

LAL Hours

1,041.66

Social Security
Medicare
LA Income Tax64.58 STD Post-Tax
15.10
25.0036.72 Net Pay
25.97 Direct Deposit # 6744
Check Amt 0.00
Chkg 3799 911.01

Davis, Talisha

4

Compliance
Coordinator

LAL Hours

1,041.66

Social Security
Medicare
Fed Income Tax
LA Income Tax104.89 STD Post-Tax
21.15
76.04
30.0025.97 Net Pay
99.29 Direct Deposit # 6745
Check Amt 0.00
Chkg 0014 1,141.44

Fertis, Michael A

5

Project
Administrator

LAL Hours

1,458.33

Social Security
Medicare
Fed Income Tax
LA Income Tax217.60 STD Post-Tax
30.42
125.83
46.0099.29 Net Pay
Direct Deposit # 6746
Check Amt 0.00
Chkg 1002 1,174.95

Thomas, Barbara J

11

Project
Director

LAL Hours

208.34

Social Security
Medicare
Fed Income Tax
LA Income Tax128.17 STD Post-Tax
30.20
194.27
65.0048.00 Net Pay
Direct Deposit # 6748
Check Amt 0.00
Chkg 0016 1,616.70

Walker, Shirley

12

Client Supv.
Coordinator

LAL Hours

2,083.34

Social Security
Medicare
Fed Income Tax
LA Income Tax418.64 STD Post-Tax
64.59
118.33
26.0048.00 Net Pay
13.02 Direct Deposit # 6749
Check Amt 0.00
Chkg 2191 804.82

100 STAFF BI-WEEKLY TOTALS

7 Person(s)

7 Transaction(s)

LAL Hours

14.00

Social Security
Medicare520.43 STD Post-Tax
121.70223.00 Net Pay
Check Amt 0.00
Dir Dep 6,692.98

PAYROLL JOURNAL

EMPLOYEE NAME
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS

WITHHOLDINGS

DEDUCTIONS

NET PAY
ALLOCATIONS

DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21		Fed Income Tax 614.10 LA Income Tax 222.00 Employer Liabilities 1,478.23	223.00	6,692.98
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp			361.81 1,304.86		Deduction	20.10 Direct Deposit # 453 Check Amt 0.00 Chkg 0010 1,646.57
300 1099 TOTALS	1099 Misc Comp 1099 Misc Comp			1,666.67		Deduction	20.10 Net Pay 1,646.57
1 Person(s) 1 Transaction(s)	1099 Misc Comp 300 1099 TOTAL			1,666.67		Deduction	20.10 Check Amt 0.00 Dir Dep 1,646.57
COMPANY TOTALS	Fvt LAL Hours 1099 Misc Comp	14.00	1,206.73 7,187.48		Social Security 520.43 Medicare 121.70 Fed Income Tax 614.10 LA Income Tax 222.00	20.10 Deduction 223.00 STD Post-Tax 20.10 Check Amt 0.00 Dir Dep 8,339.55	
8 Person(s) 8 Transaction(s)	COMPANY TOTAL	14.00	8,394.21	1,666.67	Employer Liabilities 1,478.23 Social Security 520.44 Medicare 121.71	243.10	8,339.55
(IC) = Independent Contractor					TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.38		

Fringe Payment: 941 - 11/15/17 Payroll



Transactions Details

Posting Date	11/22/2017
Transaction Date	11/22/2017
Description	USATAXPYMT IRS 112217
Transaction Type	Debit
T/C	0036
Amount	\$1,898.38
Balance	

1 in 1000 - 11/13/17 1453

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETN LA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax ***REPLACEMENT NOTICE***

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.efps.gov at least one banking day before the due date.

Deposit Period:	11/15/17 - 11/17/17	Employee Social Security	520.43
Amount Due:	\$1,898.38	Employee Medicare	121.70
Due Date:	11/22/17	Employer Social Security	520.44
Quarter:	4	Employer Medicare	121.71
		Federal Withholding	614.10

Date Paid: 11/20/17 (per pay stub)
Check Number: 11.0246
Federal ID: 72-1415039
Last Check Date: 11/15/17

IMPORTANT REMINDERS

- ... You are scheduled to report your next payroll on Tue 11/28/17.
- ... In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- ... Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-317-1453

0060-T846
FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403

IRS



0060-0060T846-002-317-1453

Fringe Payment: 941 - 11/30/17 Payroll



Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	USATAXPYMT IRS 120617
Transaction Type	Debit
T/C	0036
Amount	\$1,898.46
Balance	

Franchise: 941 payment - 11/30/17 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270774021410902
------------------------------------	-----------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$1,898.46
Settlement Date	12/06/2017
Subcategories:	
1 Social Security	\$1,040.89
2 Medicare	\$243.45
3 Tax Withholding	\$614.12
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK



Change: 441 Payment - 11/30/2017 Payroll

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETNALA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	11/29/17 - 12/01/17	Employee Social Security	520.45
Amount Due:	\$1,898.46	Employee Medicare	121.74
Due Date:	12/06/17	Employer Social Security	520.44
Quarter:	4	Employer Medicare	121.71
		Federal Withholding	614.12
Date Paid:	12/11/17	Federal ID:	72-1415039
Check Number:	paid online	Last Check Date:	11/30/17

IMPORTANT REMINDERS

- *** You are scheduled to report your next payroll on Wed 12/13/17.
- *** In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- *** Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-331-1428

0060-T846

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403

IRS



0060-0060T846-002-331-1428



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas **Month/Year:** Nov-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	10%
Supervise program operations for the Women's Help Center	15%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	20%
Compliance Visits & Training	15%

Worked close with Program Evaluator to implement evaluation plan	5%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	10%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%
Total % of Time on Project:	90%

Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
Total % of Time on Project:	10%

Employee Signature

Approval Signature: Gail Hollins, FVRI Board Vice President

11/30/17

Date

11/30/2017

Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Allison Davis

Month/Year: November, 2017


Provide a breakdown of your responsibilities for this month. Keep in mind:


1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
<i>List Major Work Performed</i>		% of Time
Client data entry		25%
Taught individual prenatal classes		55%
Followed up with clients over the telephone		20%
		Total % of Time on Project: 100%

Sponsored Project:	
<i>List Major Work Performed</i>	% of Time
Total % of Time on Project:	

Sponsored Project:	
<i>List Major Work Performed</i>	% of Time
Total % of Time on Project:	


Employee Signature


Approval Signature

12/11/2017
Date

12/11/17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: November 2017

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life
<i>List Major Work Performed</i>		% of Time
Collect, Review and Approve Subcontractor Reimbursements		40%
Fielding and Answering Calls and emails from Subcontractors		30%
Worked with CENLA PC as they prepare to open		20%
Worked with Crossroads in transferring their Database		10%
Total % of Time on Project:		100%

Sponsored Project:		Louisiana Alliance For Life - continued
<i>List Major Work Performed</i>		% of Time
Total % of Time on Project:		100%

Sponsored Project:		
<i>List Major Work Performed</i>		% of Time
Total % of Time on Project:		

Employee Signature

Approval Signature

12/5/17
Date

12/5/17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Nov-17

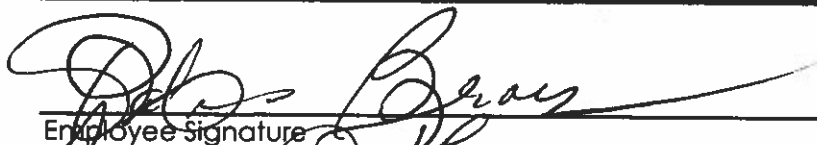
Provide a breakdown of your responsibilities for this month. Keep in mind:


1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life
<i>List Major Work Performed</i>		% of Time
Data Entry - Enter client data into database; Prepare and submit monthly reports		50%
Receptionist Duties - Answer phone and schedule appointments		25%
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork		25%
Total % of Time on Project:		100%

Sponsored Project:		
<i>List Major Work Performed</i>		% of Time
Total % of Time on Project:		

Sponsored Project:		
<i>List Major Work Performed</i>		% of Time
Total % of Time on Project:		


Employee Signature


Approval Signature

12-11-17
Date

12-11-17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Nov-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:

List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	75%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	10%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:

List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project: 100%	

Sponsored Project:

List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker
Employee Signature

12/14/17
Date

Barbara Thom
Approval Signature

12/14/17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: Nov-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
List Major Work Performed	% of Time	
New Center Site Visit & Training	15	
Communication w/ Sub-Contractors- questions & expectations	10	
Compliance Reviews & Meeting w/ Program Evaluator (forms & documentation)	25	
Way Cool Database Compliance & Updates	20	
		Total % of Time on Project: 70

Sponsored Project:		Family Values Resource Institute
List Major Work Performed	% of Time	
Counseling Clients - Pregnancy Testing & providing referrals as needed	10	
Work with student mentee on project & research paper	15	
Board Meeting & Preparation	5	
		Total % of Time on Project: 30

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Talisha Davis
Employee Signature

Bonnie Horn
Approval Signature

12/14/17
Date

12/14/2017
Date

Fringe: 941 payment - 11/15/17 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$1,898.38
Settlement Date	11/22/2017
Subcategories:	
1 Social Security	\$1,040.87
2 Medicare	\$243.41
3 Tax Withholding	\$614.10
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	
Bank Name	WHITNEY BANK

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director

0.0

90%

Stub 1

PERSONAL AND CHECK INF

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Emp

Home Department: 100 Staff B

Pay Period: 11/01/17 to 11/15

Check Date: 11/15/17 Che

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1616.70	34087.28
NET PAY	1616.70	34087.28

2,083.34 +

2,083.34 +

4,166.68 x

90.0

3,750.01

3,750.01

7.65

286.88

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
* Fri			208.34		4343.41
* AL Hours			1875.00		39089.93
* Tpp					
* Total Hours					
* Gross Earnings			2083.34		43433.34
* Total Hrs Worked					
DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Social Security			129.17		2692.87
Medicare			30.20		629.78
Fed Income Tax	M 1		194.27		4163.41
LA Income Tax	S 0 1		65.00		1428.00
TOTAL			418.64		8914.06

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	48.00	432.00
TOTAL	48.00	432.00

Salary

Stub 1 2083.34

Stub 2 2083.34

4166.68

x 90%

\$ 3750.00

↑
grant
amt.

Fringe

3750.00

x 7.65%

\$ 286.88

↑
grant
amt.

NET PAY

THIS PERIOD (\$)
1616.70

YTD (\$)
34087.28

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTEINC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 11 DD

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director

90%

Stub 2

PERSONAL AND CHECK INFORMATION

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17
Check Date: 11/30/17 Check #: 6755

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1616.70	35703.98
NET PAY	1616.70	35703.98

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			208.34		4551.75
LAL Hours			1875.00		40964.93
Tpp					
Total Hours					
Gross Earnings			2083.34*		45516.68
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		129.16	2822.03
Medicare		30.21	659.99
Fed Income Tax	M 1	194.27	4357.68
LA Income Tax	S 0 1	65.00	1493.00
TOTAL		418.64	9332.70

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	48.00	480.00
TOTAL	48.00	480.00

See Stub 1
for calculations

NET PAY

THIS PERIOD (\$)
1616.70

YTD (\$)
35703.98

Payrolls by Paychex, Inc

2,916.68 *
80. %
2,333.34 *
2,333.34 *
7.65 %
178.50 *

Project Administrator

80%

Stub 1

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 11/01/17 to 11/15/17
Check Date: 11/15/17 Check #: 6746

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.95	25161.03
NET PAY	1174.95	23589.70

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			291.67	56.00	7743.30
LAL Hours			1166.67		23805.12
Total Hours				56.00	
Gross Earnings			1458.34		31548.42
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	1956.00
Medicare		21.14	457.45
Fed Income Tax	M 0	125.83	2965.94
LA Income Tax	S 0 0	46.00	1008.00
TOTAL		283.39	6387.39

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance		1571.33
TOTAL		1571.33

Salaries:

Stub 1: 1458.34

Stub 2: 1458.34

2916.68

x 80%

\$ 2,333.34

grant Amt.

Fringe:

2,333.34

x 7.65%

\$ 178.50

grant Amt.

NET PAY

THIS PERIOD (\$)
1174.95

YTD (\$)
23589.70

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 5 DD

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator
NON-NEGOTIABLE

80%

Stub 2

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17
Check Date: 11/30/17 Check #: 6753

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.94	26335.97
NET PAY	1174.94	24764.64

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					
LAL Hours			291.67	56.00	8034.97
Total Hours			1166.67		24971.79
Gross Earnings				56.00	
Total Hrs Worked			1458.34		33006.76

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	2046.42
Medicare		21.15	478.60
Fed Income Tax	M 0	125.83	3091.77
LA Income Tax	S 0 0	46.00	1054.00
TOTAL		283.40	6670.79

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance		1571.33
TOTAL		1571.33

See Stub 1
for calculations

NET PAY

THIS PERIOD (\$)
1174.94

YTD (\$)
24764.64

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 37 DD

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

0 • C

100%

1.041.66 +
1.041.67 +
2.083.33 x
7.65 %
159.37 *

Stub 1

PERSONAL A

Allison Davis
17232 Jefferso
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 11/01/17 to 11/15/17
Check Date: 11/15/17 Check #: 6744

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	12422.91
NET PAY	911.01	12422.91

Earnings

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours					
Total Hours			1041.66		14062.41
Gross Earnings			1041.66		14062.41
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	871.87
Medicare		15.10	203.90
LA Income Tax	S 2 1	25.00	330.00
TOTAL		104.68	1405.77

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	233.73
TOTAL	25.97	233.73

Salary:

Stub 1: 1041.66

Stub 2: 1041.67

\$2083.33

grant
amt

Fringe:

2083.33

x 7.65%

\$159.37

grant
amt.

NET PAY

THIS PERIOD (\$)
911.01

YTD (\$)
12422.91

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 37 DD

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Allison Davis
17232 Jefferson Highway
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17
Check Date: 11/30/17 Check #: 6751

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	13333.92
NET PAY	911.01	13333.92

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.67		15104.08
Total Hours					
Gross Earnings			1041.67		15104.08
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	936.45
Medicare		15.11	219.01
LA Income Tax	S 2 1	25.00	355.00
TOTAL		104.69	1510.46

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	259.70
TOTAL	25.97	259.70

see Stub 1
for calculations

NET PAY

THIS PERIOD (\$)
911.01

YTD (\$)
13333.92

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coordinator

75%

0 • C

Stub 1

PERSONAL AND CHECK

Talisha Davis
3829 North Yosemite Drive
Baton Rouge, LA 70814
Soc Sec #: xxx-xx-xxxx

Home Department: 10C

Pay Period: 11/01/17 to

Check Date: 11/15/17

NET PAY ALLOCATION

DESCRIPTION TI
Check Amount
Chkg 0014
NET PAY

1141.44

22575.60

1,458.33 +
1,458.33 +
2,916.66 x
70. %
2,041.66 *
2,041.66 x
7.65 %
156.19 *

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			437.50		8389.06
LAL Hours			1020.83		19574.38
Total Hours					
Gross Earnings			1458.33		27963.44
Total Hrs Worked					

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.41	1733.73
Medicare		21.15	405.47
Fed Income Tax	M 2	76.04	1823.33
LA Income Tax	M 0 2	30.00	631.00
TOTAL		217.60	4593.53

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	99.29	794.31
TOTAL	99.29	794.31

Salary:

Stub 1: 1458.33

Stub 2: 1458.33

2916.66
x 70%

\$2041.66

grant amt.

Fringe

2041.66

x 7.65%

\$156.19

grant amt.

NET PAY

THIS PERIOD (\$)
1141.44

YTD (\$)
22575.60

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 4 DD

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coordinator

70%

Stub 2

PERSONAL AND CHECK INFORMATION

Talisha Davis
3829 North Yosemite Drive
Baton Rouge, LA 70814
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17
Check Date: 11/30/17 Check #: 6752

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1141.43	23717.03
NET PAY	1141.43	23717.03

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			437.50		8826.56
LAL Hours			1020.83		20595.21
Total Hours					
Gross Earnings			1458.33		29421.77
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	1824.15
Medicare		21.15	426.62
Fed Income Tax	M 2	76.04	1899.37
LA Income Tax	M 0 2	30.00	661.00
TOTAL		217.61	4811.14

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	99.29	893.60
TOTAL	99.29	893.60

NET PAY

THIS PERIOD (\$)
1141.43

YTD (\$)
23717.03

See Stub 1 for calculations

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 35 DD

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry

O.C

100%

1,041.66 +
1,041.67 +
2,083.33 x
7.65 %
159.37 *

Stub 1

PERSONAL AND CHI.
Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 11/01/17 to 11/15/17
Check Date: 11/15/17 Check #: 6743

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	802.13	16121.27
NET PAY	802.13	16121.27

Salary:

Stub1 : 1041.66

Stub2 : 1041.67

\$2083.33

grant
amt.

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		20686.34
Total Hours					
Gross Earnings			1041.66		20686.34
Total Hrs Worked					

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		64.58	1282.55
	Medicare		15.10	299.95
	Fed Income Tax	S 1	97.13	2098.08
	LA Income Tax	S 0 1	26.00	554.00
TOTAL			202.81	4234.58

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
	STD Post-Tax	36.72	330.49
TOTAL		36.72	330.49

Fringe :

2083.33

x 7.65%

\$159.37

grant
Amt.

NET PAY

THIS PERIOD (\$)
802.13

YTD (\$)
16121.27

Printed by Paychex, Inc.

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 35 DD

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17
Check Date: 11/30/17 Check #: 6750

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	802.11	16923.38
NET PAY	802.11	16923.38

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.67		21728.01
Total Hours					
Gross Earnings			1041.67		21728.01
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	1347.14
Medicare		15.11	315.06
Fed Income Tax	S 1	97.14	2195.22
LA Income Tax	S 0 1	26.00	580.00
TOTAL		202.84	4437.42

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	36.72	367.21
TOTAL	36.72	367.21

NET PAY

THIS PERIOD (\$)
802.11

YTD (\$)
16923.38

Payroll by Paychex, Inc

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 12 DD

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Svc.
Coordinator

0 • C

100%

1,041.66 +
1,041.67 + 35
2,083.33 x
7.65 %
159.37 *

Stub 1

PERSONAL AND
Shirley Walker
6230 MaplewoodD
Baton Rouge, LA :
Soc Sec #: xxx-xx

Home Departmer

Pay Period: 11/0

Check Date: 11/0

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.62	19199.97
NET PAY	804.62	19199.97

Salary :

Stub 1 : 1041.66

Stub 2 : 1041.67

\$2083.33

↑ grant
amt

0 • C

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					1041.66
LAL Hours			1041.66	63.00	23983.06
Total Hours				63.00	
Gross Earnings			1041.66		25024.72
Total Hrs Worked					

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1551.53
Medicare		15.11	362.86
Fed Income Tax	S 1 +\$21.20	118.33	2981.96
LA Income Tax	S 0 1	26.00	668.00
TOTAL		224.02	5564.35

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	260.40
TOTAL	13.02	260.40

Fringe :

2083.33

x 7.65%

\$159.37

↑ grant
amt.

NET PAY

THIS PERIOD (\$)
804.62

YTD (\$)
19199.97

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 12 DD

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Services
Coordinator
100%

Stub 2

PERSONAL AND CHECK INFORMATION

Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17
Check Date: 11/30/17 Check #: 6756

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.62	20004.59
NET PAY	804.62	20004.59

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					1041.66
LAL Hours			1041.67	63.00	25024.73
Total Hours				63.00	
Gross Earnings			1041.67		26066.39
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	1616.12
Medicare		15.10	377.96
Fed Income Tax	S 1 +\$21.20	118.34	3100.30
LA Income Tax	S 0 1	26.00	694.00
TOTAL		224.03	5788.38

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	273.42
TOTAL	13.02	273.42

Salary :

Stub 1: 1041.66

Stub 2: 1041.67

\$2083.33

↑
grant
amt

Fringe:

2083.33

x 7.65%

\$159.37

↑
grant
amt

NET PAY

THIS PERIOD (\$)
804.62

YTD (\$)
20004.59

Payroll by Paychex, Inc.



INVOICE

INVOICE #: 201712

INVOICE DATE: 11/1/2017

P.O. Box 74403
Baton Rouge, LA 70874
225-355-2725 Office 225-355-2742 Fax
www.FVRI.org

Billed To: Louisiana Alliance For Life

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
TOTAL	\$ 1,200.00



Rent

Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	DDA CHECK 0000001583
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1583 84-354911
PAY TO THE ORDER OF Family Values Resource Institute, Inc		12/6/2017	
One Thousand Two Hundred and 00/100		\$ **1,200.00	
Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807		DOLLARS	
MEMO	LAL Rent	 AUTHORIZED SIGNATURE	
⑈001583⑈ ⑆065400153⑆			

Rent

Transactions Details

Posting Date 12/06/2017

Transaction Date 12/06/2017

Description DDA CHECK 0000001583

Transaction Type Debit

T/C 0075

Amount \$1,200.00

Balance

Front

Back

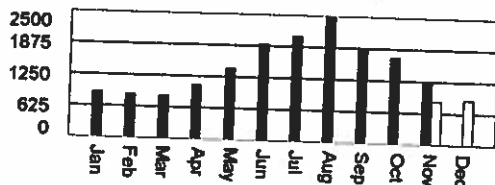
120617 - 97060001505981 - 30655036812

PAY TO THE ORDER OF
WHITNEY BANK
BATCH REFUSE LA 7006-2403
06/04/2013
FOR DEPOSIT ONLY
FUND WITHIN RESCOURSE
RESTRICTED FUND
12/04/2013

Total Monthly Energy Usage

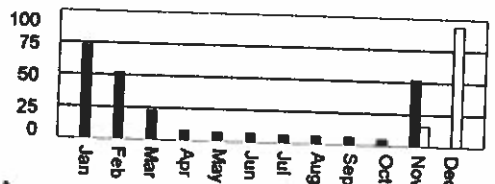
Electric

Billing Period	Billing Days	kWh Used	Avg kWh Per Day	2017	2016
Nov 2017	35	1227	35.1		
Nov 2016	30	862	28.7		



Gas

Billing Period	Billing Days	Ccf Used	Avg Ccf Per Day	2017	2016
Nov 2017	35	52	1.49		
Nov 2016	30	16	0.53		



Important Messages

Thank you for the prompt way you pay your bill.

Real-Time Payment Options:

- My Account Online at entergy.com
- By Phone at 800-584-1241 for a small fee.

Please add \$1 to total bill amount for The Power to Care. Learn more at entergy.com.

Utilities 236.69
80% x 80%
189.35

Account Summary for Charles R Thomas Jr

Account # 32078008	Mail Date 11/29/2017	QPC 04000
Invoice # 515002588186		Cycle 21
Amount Due by 12/21/2017	\$236.69	after \$244.93

Account Detail

Previous Balance	253.59
Payment Received (11/09/2017)	-253.59
Remaining Balance	\$0.00

Current Charges

Customer Charge	13.39
Energy Charge	69.05
Formula Rate Plan	@ 29.4462%
Storm Restoration Offset	24.13
Fuel Adjustment	-2.25
Federal Mandated EAC Rider	1227 kWh @ \$0.02876
Municipal Franchise Fee	35.29
	1227 kWh @ \$0.000039
	0.05
	3.49
Total Metered Charges Electric (Contract 3288046)	\$143.15

Customer Charge	9.10
Gas Service	19.58
Gas Fuel Adjustment	52 Ccf @ \$0.44452
	23.12
Total Metered Charges Gas (Contract 3288047)	\$51.80

Security Lighting Billing

Rate	Qty	Facility Type	kWh	
AL9	1	400W Hps	150.0	12.49
Energy Charge				0.06
Formula Rate Plan		@ 29.21%		3.65
Storm Restoration Offset				-0.34
Fuel Adjustment		150 kWh @ \$0.02876		4.32
Federal Mandated EAC Rider		150 kWh @ \$0.000039		0.01
Municipal Franchise Fee				0.50
Total Security Lighting Charges (10/24/2017 - 11/22/2017)				\$20.69
State Sales Tax				8.63
Storm Restoration Charge				12.42
Current Month Energy Charges				\$236.69

0 • C

Account 32078008

QPC 04000

Invoice 515002588186

Customer Service 877-ETRBIZZ (877-387-2499)	Amount Due by 12/21/2017	\$236.69	after	\$244.93
---	--------------------------	----------	-------	----------

Please send stub with check payable to Entergy. Thank You.

Internet

001 236.69 +
236.69 x
80. %
189.35 *

CH
NO
751
BATON ROUGE LA 70807-5447

ENTERGY
PO BOX 8103
BATON ROUGE, LA 70891-8103

4000000032078008000000000000000023669500000024493935508

00006478 06478 00001 entcs_BIL_DP0_MAIL_01.20171129_003517



Entergy.

Entergy Louisiana, LLC
entergy-louisiana.com

Account # 32078008
Invoice # 515002588186
Mail Date 11/29/2017
Page 2 of 2

Business Solutions Center
877-ETRBIZZ (877-387-2499); 8a-5p, Mon-Fri
Power Outage or Safety Concern, 24 hrs/7days
800-968-8243 (800-9OUTAGE)

Internet

Meter Reading (Contract 3288046)

Meter # F130154	Rate : GS_SGS	
Total Days (35)		
Current Meter Reading	(11/25/2017)	84036
Previous Meter Reading	(10/21/2017)	- 82809
kWh Metered		1227
kW Metered		7.75

Meter Reading (Contract 3288047)

Meter # X134359	Rate : GG_G1A	
Total Days (35)		
Current Meter Reading	(11/25/2017)	9368
Previous Meter Reading	(10/21/2017)	- 9316
CCF Metered		52

000006478 06478 00002 entgs_BIL_DPE_MAIL_01_20171129_003517





Utilities \$189.35

Transactions Details

Posting Date	12/12/2017
Transaction Date	12/12/2017
Description	DDA CHECK 0000001584
Transaction Type	Debit
T/C	0077
Amount	\$236.99
Balance	\$2,395.43

Front

Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC whitneybank.com	1584 12/15/2017
PAY TO THE ORDER OF	Entergy	\$ 236.99	12/12/2017
Two Hundred Thirty-Six and 99/100.....			DOLLARS
Entergy PO Box 8103 Baton Rouge, LA 70891-8103 United States			
MEMO Acct # 32078008			
⑆001584⑆ ⑆065400153⑆			
			

Utilities \$189.35



Transactions Details

Posting Date	12/12/2017
Transaction Date	12/12/2017
Description	DDA CHECK 0000001584
Transaction Type	Debit
T/C	0077
Amount	\$236.99
Balance	\$2,395.43

Front

Back

121217 5016 104 00032078008 0346750160104 CHECK21
DEPOSIT ONLY ENTERGY SERVICES INC
JPMORGAN CHASE BANK NA >11900057<

Utilities
80%

Baton Rouge Water Company
8755 Goodwood Boulevard
Office Hours: 8:30 a.m. - 5:00 p.m.
Monday - Friday (excluding holidays)
Customer Service: (225) 925 - 2011

Account Number	Service Address	Reading Date
01 01 03 354 0008 02	07515 SCENIC HWY	NOV 01 2017

Baton Rouge Water Company			
Meter Readings			Amount
Current	Previous	100 Cubic Feet	
Billing Summary for Water Service:			
1172	1160	12	19.44
CITY EXCISE TAX			1.00
LA SALES TAX			.84
LA DHB OPH SDWA FEE			1.00
GROUNDWATER FEE			.07
AUGUST 2016 FLOOD RECOVERY SURCHARGE			.48
Amount for Water Service:			22.83
TOTAL AMOUNT DUE BY NOV 27 2017			\$22.83

22.83
x 80%

\$18.26

U • C

Pay Online @ WWW.BRWATER.COM
Password: 70807 Acct. No.: 0

Baton Rouge Water Compan
P.O. Box 96016
Baton Rouge, LA 70896-9616

22.83 x With Payment

80. %

AMOUNT ENCLOSED

18.26 * 17 \$22.83
2017 \$23.80

\$

For your convenience, please make
one check or money order payable to:
UTILITY PAYMENT PROCESSING
03 01 3 354000802

UTILITY PAYMENT PROCESSING
P O BOX 96025
BATON ROUGE LA 70896-9025

FAMILY VALUES RESOURC
P O BOX 74403
BATON ROUGE LA 70874-4403

FOR MAILING AND
PHONE NUMBER
CHANGES CHECK HERE
AND PROVIDE ON BACK

UTILITY PAYMENT PROCESSING

301010335400080200002283000023809

Utilities \$18.24

Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4934

Post Date: 11/22/2017

Amount of Check: \$22.83

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families for Over 20 Years 815 Box 7442 Baton Rouge, LA 70804 225-338-9001		CHASE BUSINESS 11/22/2017	4934
PAY TO THE ORDER OF Utility Payment Processing		\$ 22.83	
Twenty-Two and 83/100			DOLLARS
Utility Payment Processing PO Box 95025 Baton Rouge, LA 70898-9025 United States		<i>Brian J. Thomas</i>	
MEMO WMC Water Bill			

⑈004934⑈ ⑈065400117⑈

Need help printing or saving this check?

CHASE MEMORANDUM (CP) WMC WATER BILL		22.83
09754 542 112217 car Pay to the Order Of Within Named Payee 8755A 010103354000802 009754 542		
Date	Utility Payment Processing	11/22/2017
Type	Refund	010103354000802
Original Amt	Balance Due	22.83
Discount	Check Amount	22.83
Payment		22.83
4934		

Need help printing or saving this check?

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DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 56913459
Due Date: 12/01/2017
Due This Period: \$218.98

Amount Enclosed: \$ _____

*Copier Lease
196.90*

9949059715 PRESORT 59715 1 AB 0.400 P1C226



FAMILY VALUES RESOURCE INSTITUTE INC
ATTN AP
PO BOX 74403
BATON ROUGE LA 70874-4403

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000569134590000218981

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25411981
Invoice Number: 56913459
Account Number: 1053937
Site Number: 3849724
Invoice Date: 11/11/2017
Period of Performance: 11/01/2017-11/30/2017 ✓
Due This Period: \$218.98

Visit www.lesseedirect.com

IMPORTANT MESSAGES

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90 ✓	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY011000108		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90

[illegible]

Google Maps

7515 Scenic Hwy, Baton Rouge, LA 70807 to 1254 MacArthur Drive, Alexandria, LA

Drive 121 miles, 2 h

From Family Values Resource Institute in Baton Rouge to Cenla Pregnancy Center in Alexandria, LA

7515 Scenic Hwy

Baton Rouge, LA 70807

Follow US-190 W and I-49 N to Elliott St in Alexandria

- 1. Head southeast on US-61 S toward 75th Ave

1 h 57 min (121 mi)

- 2. Turn right to merge onto US-190 W

0.6 mi

- 3. Turn right to merge onto I-49 N/US-167 N toward Alexandria
 - Continue to follow I-49 N

54.5 mi

- 4. Take exit 80 to merge onto US-167 BUS N/US-71 N toward MacArthur Dr
 - Continue to follow US-71 N

60.5 mi

- 5. Keep right to continue on US-165 N/US-71 N/Masonic Cir
 - Continue to follow US-165 N/US-71 N

4.0 mi

Drive to MacArthur Dr

1.3 mi

- 6. Turn left onto Elliott St

2 min (0.4 mi)

- 7. Turn left onto MacArthur Dr
 - Destination will be on the right

141 ft

0.4 mi

1254 MacArthur Dr

Alexandria, LA 71303



Rental Location
BATON ROUGE METRO ARPT
9430 JACKIE COCHRAN DR
BATON ROUGE

LA 70807-8

RA # 540461953
08-NOV-2017 05:14 PM
Phone (888) 8266890

Bill Ref# 50031645744
Renter Name CHARLES R THOMAS
7081 MODESTO AVE
BATON ROUGE

LA 70811

Return Location
BATON ROUGE METRO ARPT

10-NOV-2017 04:44 PM

Vehicle # HS817907
Model RAM 1500
Class Driven PPAR Hope you enjoyed your free upgrade
License# FCAR
State/Province LOUISIANA
M/Kms Driven 325
M/Kms Out 11190
M/Kms In 11515

Rate Info

Charges	No	Unit	Price/Unit	Amount
TIME & DISTANCE	2	Days	32.00	64.00 *
UNLIMITED MILES/KM - TIME & DIST	2	M/Kms	0.00	0.00 *
CDM / LDM	2	Days	0.00	0.00 *
CUSTOMER FACILITY CHARGE 6.15/DAY	2	Days	6.15	12.30 *
CONCESSION FEE 11.11 PCT	2	Days	64.76	7.19 *
AUTOMOBILE RENTAL TAX 3 PCT	2	Days	84.25	2.53 *
VEHICLE LICENSE REC FEE .38/DAY	2	Days	84.25	0.76 *
LA STATE SALES TAX #5.000 %	2	Days	0.38	0.76 *
SALES TAX #5.000 %	2	Days	84.25	4.21 *

Messages

* Taxable Items
Subject to Audit
Your Emerald Club Number is 831346456

one day Rental only!

Total Charges

USD 95.20

Payments
Visa AUTH: 82524G 08-NOV-2017 0815 47.61
Visa AUTH: 27141G 10-NOV-2017 0815 47.59

Payment

-95.20

Returned
Rental
Rate!

Customer Service Number 1-800-468-3334

Congratulations! You have just earned a Free Day!
Free Day is subject to program rules.

Amount Due

USD 0.00

Travelers: Barbara Thomas, Project Director & Barbara Davis, Compliance Lead.

Set-up of new center
(Subcontractor)

Baseline

(Set-up²⁰
new center)
Cenla Pregnancy
Site Visit on
Wednesday, Nov 9th
2017

*** REPRINT *** REPRINT *** REPRINT ***

SCENIC HIGHWAY CENTE

FG22128137001

8231 SCENIC HIGHWAY

BATON ROUGE , LA

70807

11/10/2017 281516876

04:25:11 PM

XXXXXXXXXXXX0942

ExxonMobil B

INVOICE 052932

AUTH 010908

PUMP# 7

Regular 15.773G

PRICE/GAL \$2.299

FUEL TOTAL \$ 36.26

*** REPRINT *** REPRINT *** REPRINT ***

CREDIT \$ 36.26

*** REPRINT *** REPRINT *** REPRINT ***

=====

Customer-activated Purchase/Capture

Site #: 0000000004793337

Shift Number 1

Sequence Number 15171

APPROVED 010908

1 1

*** REPRINT *** REPRINT *** REPRINT ***

BA-12 (3/97)

NAME OF OFFICER OR EMPLOYEE
BARBARA THOMAS

CITY
BATON ROUGE

Pag

DIVISION

SECTION

FOR PERIOD
November 2017

Lump-Sum Allowance

RENTAL CAR

~~\$95.20~~

\$

mi. @ .53

mi. @ .53

\$

\$47.60

Lodging

Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)

\$114.30

\$21.67

\$135.97

Tolls and Parking

Tips (for baggage handling only)

Other Expenses

Less: Travel Advance

Total Reimbursable Costs

FUEL F

0 • C

\$203.96

I certify that this expense account is just and t specified on official business only; that the exp been paid by the State, and that the full amount

SIGNED BY PAYEE

004

 $47.60 +$

113.20 +

 $21 \cdot 67 +$

20.39 +

202-866+

own were actually and necessarily traveled on the date
business of the State and none of the expenses have

OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper, and that, in my opinion, the amounts claimed are just and reasonable.

NAME _____

SIGNED BY

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

[illegible]

[illegible]



LA Alliance for Life
RA 540546357

Bill Ref# 50031689857

Rental Location
BATON ROUGE METRO ARPT
9430 JACKIE COCHRAN DR
BATON ROUGE

Renter Name
CHARLES R THOMAS
7081 MODESTO AVE
BATON ROUGE
LA 70811

LA 70807-8 Phone (888)8266890

EXXON MOBIL CORPORATION
Contract ID

Return Location
BATON ROUGE METRO ARPT
16-NOV-2017 05:23 PM ✓

Vehicle # HC883863
Model ROGUE
Class Driven IRAR Hope you enjoyed your free upgrade
Class Charge FCAR
License# N489592
State/Province LOUISIANA
M/Kms Driven 302
M/Kms Out 2597
M/Kms In 2899

Rate Info

Charges	No	Unit	Price/Unit	Amount
TIME & DISTANCE	2	Days	32.00	64.00 *
UNLIMITED MILES/KM - TIME & DIST		M/Kms		0.00 *
CDW / LDW	2	Days		0.00 *
*RENTER DEPOSIT	1	Rental		0.00
CUSTOMER FACILITY CHARGE 6.15/DAY	2	Days	6.15	12.30 *
CONCESSION FEE 11.11 PCT			64.76	7.19 *
AUTOMOBILE RENTAL TAX 3 PCT			84.25	2.53 *
VEHICLE LICENSE REC FEE .38/DAY				0.76 *
LA STATE SALES TAX 6.000 %	2	Days	84.25	4.21
SALES TAX 6.000 %			84.25	4.21

Messages

* Taxable Items
Subject to Audit
Your Emerald Club Number is 831346456

USD 95.20

Total Charges

Payments	0815
Visa AUTH: 81414G 14-NOV-2017	95.20
Visa AUTH: 91491G 14-NOV-2017	200.00
Payment	-95.20

Customer Service Number 1-800-468-3334

Emerald Club rental credits will be posted within 24 hours
Reverse Auth: 14-NOV-2017 -200.00

Amount Due

USD 0.00

Staff Training for Cehla Pregnancy Center
La. Alliance for Life
Hotel



Alexander, LA
 HOME2 SUITES BY HILTON ALEXANDRIA
 3800 Alexandria Mall Drive
 Alexandria, LA 71301
 Phone (318) 704-6450 - Fax (318) 704-6454
 home2alexandria home2suitesbyhilton.com

Name
 Address

 THOMAS, CHARLES
 PO BOX 74403
 BATON ROUGE LA 70874
 UNITED STATES OF AMERICA

Room
 Arrival Date
 Departure Date

304/NQJ
 11/15/2017 3:08:00 PM
 11/16/2017

Adult/Child
 Room Rate

2/0
 98.10

Rate Plan:
 HH #
 AL:
 Car:

AAA
 574116942 SILVER

Confirmation Number: 82240057

11/16/2017

DATE	REFERENCE	DESCRIPTION	AMOUNT
11/15/2017	118865	GUEST ROOM	\$98.10
11/15/2017	118865	OCCUPANCY TAX	\$5.89
11/15/2017	118865	STATE TAX	\$4.91
11/15/2017	118865	CITY TAX	\$5.40
11/16/2017	118987	VS *9477	(\$114.30)
		BALANCE	\$0.00



You have earned approximately 808 Hilton Honors points for this stay. Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 4,900 ho



97.00 +
 5.89 +
 4.91 +
 5.40 +

004

113.206+

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO. / CHECK NO.
			54504 A
CARD MEMBER NAME		AUTHORIZATION	INITIAL
ESTABLISHMENT NO. LOCATION		PURCHASES SERVICES	
		TAXES	
		TIPS MISC.	
CARD MEMBERS SIGNATURE		TOTAL AMOUNT	-114.30
X			PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.



(NOT FOR PAYMENTS)

DEPARTMENT # 102430

PO BOX 1259

OAKS, PA 19456

8400 0210 NO RP 05 11062017 NNNNNNNY 01 000870 0004

FAMILY VALUES RESOURCE INSTITUTE
INC

7515 SCENIC HWY

BATON ROUGE LA 70807-5447



November 05, 2017

CONTACT US: www.coxbusiness.com

866-272-5777

Account Number **001 5711 071045903**
COX PIN 7515
SERVICE ADDRESS 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447**ACCOUNT SUMMARY as of Nov 5, 2017**

Previous Balance \$528.50

Payment Received - Oct 30 -\$528.50

Remaining Previous Balance \$0.00**New Charges: Nov 5, 2017 - Dec 4, 2017** ✓

TV \$62.49

Internet \$115.00 ✓

Telephone \$264.75 ✓

Cox Toll Free \$5.00

Usage Charges(Phone) \$0.63

Taxes, Fees and Surcharges \$78.50

New Charges \$526.37**Total Due By Nov 27, 2017** \$526.37Telephone 250.00
Internet 75.00**Make Your Life Easier and GO GREEN!**With **EasyPay**, pay your monthly Cox bill automatically from your bank or credit card account. Add **Paperless Billing** and you get rid of paper bills and can access your account **online** any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

November 05, 2017 bill for FAMILY VALUES RESOURCE INSTITUTE

Account Number **001 5711 071045903**Service at 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447**Total Due By Nov 27, 2017****\$526.37**COX BUSINESS
PO BOX 919243
DALLAS TX 75391-9243

05711001182071045903060052637

November 05, 2017 **Bill for FAMILY VALUES**

RESOURCE INSTITUTE

Account number **001 5711 071045903**

Page 2 of 4

MONTHLY SERVICES Nov 5 - Dec 4

TV

Digital Adapter	\$1.99
Cox Business TV Starter	18.00
Business TV Essential	35.00

Other Fees and Surcharges

Regional Sports Surcharge	\$3.50
Broadcast Surcharge	4.00

Total TV \$62.49

INTERNET

CBI 100 - 100 Mbps x 20 Mbps	\$115.00
------------------------------	----------

Total Internet \$115.00

TELEPHONE

225-355-2725

VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
Business VoiceManager Group Hunting	0.00
Individual Voice Mailbox	0.00
VoiceManager Office Package	0.00

225-355-2333

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-356-1101

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Monthly Services cont.

Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

VoiceManager Office Package 0.00

225-357-6822

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

225-357-6880

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

225-359-9001

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

225-355-2742

VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Utility Line 0.00

Total Telephone \$264.75

COX TOLL FREE

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mall: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



November 05, 2017 Bill for FAMILY VALUES

RESOURCE INSTITUTE

Account number 001 5711 071045903

Page 3 of 4

Monthly Services cont.

855-696-2333

Cox Toll Free Svc - Switched \$5.00

Total Cox Toll Free \$5.00**TOTAL MONTHLY SERVICES \$447.24****USAGE CHARGES****Telephone Usage**

Usage for 225-355-2725

Intrastate Long Distance \$0.00

Interstate Cox LD - CB (qty 2) 0.00

Usage for 225-355-2333

Interstate Cox LD - CB 0.00

Usage for 225-357-6880

Intrastate Long Distance 0.00

Usage for 225-359-9001

Intrastate Long Distance (qty 16) 0.00

Interstate Cox LD - CB (qty 6) 0.00

Total Telephone Usage \$0.00**Toll Free Usage**

Usage for 855-696-2333

Interstate Toll Free - CB (qty 2) \$0.03

Intrastate Toll Free - CB (qty 4) 0.60

Total Toll Free Usage \$0.63**TOTAL USAGE CHARGES \$0.63****TAXES, FEES AND SURCHARGES****TV and/or Internet Taxes and Fees**

FCC Fee \$0.06

Franchise Fee 3.42

PEG Access Fee 0.35

Total TV and/or Internet Taxes and Fees \$3.83**Telephone Taxes, Fees and Surcharges****Taxes**

Federal Excise Tax \$7.55

Interstate Telecomm Services 0.16

E-911 Tax (Commercial) 10.50

State Sales Tax 10.75

Total Taxes \$28.96**Fees and Surcharges**

Access Recovery Fee - Multi-Line \$10.00

Public Utility Excise Tax 11.99

Telecommunications Tax for the Deaf 0.28

Carrier Cost Recovery Fee 0.67

Louisiana Universal Service Fund 4.08

Federal Universal Service Fund 18.69

Total Fees and Surcharges \$45.71**Total Telephone Taxes, Fees and Surcharges \$74.67****Taxes, Fees and Surcharges cont.****TOTAL TAXES, FEES AND SURCHARGES \$78.50****TOTAL NEW CHARGES \$526.37****TELEPHONE USAGE DETAILS for 225-355-2725****Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Oct 10					
12:06P	THIBODAUX, LA	985-446-5004	11:12	DD/D	0.0000
Total Intrastate Long Distance			11:12		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Oct 17					
08:26A	EWING, NJ	609-359-5637	1:42	DD/D	0.0000
Oct 26					
09:05A	LEWISVILLE, TX	469-293-3079	1:12	DD/D	0.0000
Total Interstate Long Distance			2:54		\$0.00

TELEPHONE USAGE DETAILS for 225-355-2333**Interstate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Oct 23					
10:40A	GRAND RPD, MI	616-254-2065	:54	DD/D	0.0000
Total Interstate Long Distance			:54		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6880**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Oct 17					
10:33A	NEWORLEA, LA	504-605-9206	:12	DD/D	0.0000
Total Intrastate Long Distance			:12		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Oct 9					
02:43P	ALEXANDRI, LA	318-790-3652	:18	DD/D	0.0000
02:44P	ALEXANDRI, LA	318-790-3652	:48	DD/D	0.0000
Oct 10					
02:59P	LAFAYETTE, LA	337-210-6660	:36	DD/D	0.0000
03:14P	SHREVEPOR, LA	318-820-5196	:36	DD/D	0.0000
Oct 11					
10:27A	ALEXANDRI, LA	318-790-3652	:48	DD/D	0.0000
Oct 12					
02:07P	SHREVEPOR, LA	318-286-2479	3:06	DD/D	0.0000
Oct 16					
11:34A	SHREVEPOR, LA	318-820-5196	:36	DD/D	0.0000
Oct 23					
10:13A	LAFAYETTE, LA	337-210-6660	:36	DD/D	0.0000
10:19A	SHREVEPOR, LA	318-820-5196	:06	DD/D	0.0000
Oct 24					
10:01A	NEWORLEA, LA	504-822-0725	2:06	DD/D	0.0000
Oct 25					
11:13A	LAFAYETTE, LA	337-289-9366	2:54	DD/D	0.0000
01:43P	LEESVILLE, LA	337-353-5005	:18	DD/D	0.0000
01:44P	LAFAYETTE, LA	337-232-5005	1:00	DD/D	0.0000
Oct 26					

November 05, 2017 **BILL for FAMILY VALUES**
RESOURCE INSTITUTE

Account number **001 5711 071045903**

Page 4 of 4

Telephone Usage Details cont.

03:01P	LAFAYETTE ,LA	337-289-9366	1:00	DD/D	0.0000
03:52P	STMARTINV ,LA	337-441-1147	:12	DD/D	0.0000
Nov 1					
10:39A	SHREVEPOR,LA	318-820-5196	:36	DD/D	0.0000
Total Intrastate Long Distance			15:36		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Oct 9					
11:49A	BARDSTOW ,KY	502-510-0528	:42	DD/D	0.0000
Oct 16					
02:28P	TUCSON ,AZ	520-777-9207	1:06	DD/D	0.0000
Oct 18					
10:00A	SANANTONI,TX	210-998-2039	:48	DD/D	0.0000
Oct 24					
11:16A	BIRMINGHA ,AL	205-516-0191	15:36	DD/D	0.0000
02:42P	GLENDALE ,AZ	623-980-1827	:12	DD/D	0.0000
Nov 1					
01:02P	PLATTEVL ,WI	608-331-7097	:12	DD/D	0.0000
Total Interstate Long Distance			18:36		\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Interstate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Oct 13					
07:05A	JACKSONVL ,FL	904-608-8186	:18	DD/N	0.0150
Oct 23					
08:22A	MOBILE ,AL	251-508-0000	:12	DD/D	0.0100
Total Interstate Toll Free			:30		\$0.03

Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Oct 24					
08:02A	BATONROUG,LA	225-475-1956	4:00	DD/D	0.2000
Oct 26					
10:41A	BATONROUG,LA	225-228-8007	1:36	DD/D	0.0800
Oct 29					
08:40P	BATONROUG,LA	225-336-5430	2:48	DD/N	0.1400
Nov 2					
07:36P	BATONROUG,LA	225-336-5430	3:36	DD/E	0.1800
Total Intrastate Toll Free			12:00		\$0.60

Rate Codes

DD = Direct Dial

Time Codes

D = Day

E = Evening

N = Night/Weekend

NEWS FROM COX

Channel Change Notice: Beginning January 1, 2018, 12:00 a.m. EST, FM, channel 238 and The Africa Channel, channel 215 will no longer be offered on any Cox TV lineup. For more information about these changes, please visit www.cox.com/channels.

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees,

Customer Information cont.

or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available. Please review the following website for additional important information about Cox's 911 practices: <https://www.cox.com/business/phone/e911-regulatory.html>.

Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.


To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

Telephone 250.00
Internet 75.00

Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4925 Post Date: 11/27/2017 Amount of Check: \$526.37

FAMILY VALUES RESOURCE INSTITUTE, INC <small>Serving Families For Over 30 Years P.O. Box 7443 Baton Rouge, LA 70816 225 339 9001</small>		CHASE BUSINESS <small>Chase Bank USA, N.A. Member FDIC</small>	4925
		64-13/654	11/29/2017
PAY TO THE ORDER OF Cox Business		\$ 526.37	
Five Hundred Twenty-Six and 37/100		DOLLARS	
Cox Business P.O. Box 819243 Dallas TX 75391-9243			
MEMO TV, Internet & Telephone Services			
⑆004925⑆ ⑆0654.00⑆ ⑆37⑆		⑆00000575⑆ ⑆37⑆	

Need help printing or saving this check?

JP MORGAN CHASE BR NA		CR TO NMD
112717	⑆074009062⑆	PAYEE ALL
37000002	0010243	RTS RSVD
00623474	230	0000000701331705

Need help printing or saving this check?

© 2017 JPMorgan Chase & Co.

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

O.C

Invoice

DATE	INVOICE #
11/30/2017	MB-17320

BILL TO

**Louisiana Alliance for Life
Pregnancy Problem Center
4724 Jamestown Avenue
Baton Rouge, LA 70808**

50.00	+
50.00	+
75.00	+
75.00	+

004

250.000+

DUE DATE
12/30/2017

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00

		Total	\$50.00
		Payments/Credits	\$0.00
Phone #	E-mail	Balance Due	\$50.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-17320

Invoice total	\$50.00
Amount paid	\$50.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ●●●●1380
Transaction ID	a0hev37j

Online Client Database - Inv.# MB-17320



Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-17398

Invoice total	\$50.00
Amount paid	\$50.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ●●●●1380
Transaction ID	a0hev23y

Online Client Database *lnv # MB-1739***Hancock****WHITNEY**

Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	[REDACTED]

Online Client Database



234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
11/30/2017	MB-17233

BILL TO

Louisiana Alliance for Life
Life Choices of North Central Louisiana ✓
211 West Texas Avenue
Ruston, LA 71270

DUE DATE

12/30/2017

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
			Total	\$75.00
			Payments/Credits	\$0.00
			Balance Due	\$75.00

Phone #

888-746-6753

E-mail

mike@waycoolsw.com



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-17233

Invoice total	\$75.00
Amount paid	\$75.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ●●●●1380
Transaction ID	a0hev09i

Online Client Database - INV# MB-17233

Transactions Details

Posting Date	12/14/2017
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Transaction Date	12/14/2017
------------------	------------

Description	WAY COOL SOFTWARE
-------------	-------------------

Transaction Type	Debit
------------------	-------

Amount	\$75.00
--------	---------

Balance	
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waycool software, inc.

Invoice

DATE	INVOICE #
11/30/2017	MB-17167

Louisiana Alliance for Life
Family Values Resource Institute, Inc. ✓
Post Office Box 74403
Baton Rouge, LA 70874

DUE DATE
12/30/2017

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00

		Total	\$75.00
		Payments/Credits	\$0.00
Phone #	E-mail	Balance Due	\$75.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-17167

Invoice total	\$75.00
Amount paid	\$75.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ●●●●1380
Transaction ID	a0heuxjm

Online Client Database - INV# MB-17167

Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$75.00
Balance	

Charlene Robertson"Trusclair"

From: Barbara J Thomas <barbarat@family-values.org>
Sent: Monday, January 08, 2018 12:17 PM
To: Dora Thomas; James Vidacovich; Charlene Robertson"Trusclair"
Cc: latoshai@fvri.org; crt854; nbrwhc
Subject: Re: November Invoice
Attachments: WayCool Contract.pdf

Ms. Dora,

Charlene made us aware of your question concerning the online client database from WayCool Software, Inc. She said you wanted to know if we had a lease agreement. We have a signed contract which is attached.

If you have any further questions, please let me know.

Thanks,
Barbara

--

Barbara J Thomas
Director, The Women's Help Center/LA Alliance For Life
225-359-9001 O
225-355-2742 F

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Accounting/Bookkeeping \$1384.80



Transactions Details

Posting Date	11/14/2017
Transaction Date	11/14/2017
Description	PAYROLL PAYCHEX INC. 111417
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

Description	Amount
Bookkeeping Services - 11/16/17 - 11/30/17 ✓	1,646.57
Total	\$1,646.57

Accounting / Bookkeeping \$1304.86



Transactions Details

Posting Date	11/29/2017
--------------	------------

Transaction Date	11/29/2017
------------------	------------

Description	PAYROLL PAYCHEX INC. 112917
-------------	-----------------------------

Transaction Type	Debit
------------------	-------

T/C	0036
-----	------

Amount	\$1,646.57
--------	------------

Balance	
---------	--

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Public Relations Invoice

Date	Invoice #
12/6/2017	70

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for November 2017: * Scheduled several appointments with Sarah of nola.com. * Met with Ashley on several occasions of nola.com. * Responded to Ashley's emails	800.00	800.00
		Total	\$800.00

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Evaluation

Invoice

Date	Invoice #
12/6/2017	69

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	<p>Evaluation Activities for November 2017</p> <ul style="list-style-type: none">•Requested data from subcontractors and reminded them of deadline.•Reminded subcontractors to complete the client service forms.•Responded to subcontractors' emails.•Responded to subcontractors telephone calls.•Checked for subcontractors' data on database.•Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report.•Entered data on TANF database.•Called Barbara Thomas that data had been entered on TANF database.•Emailed and called Michael Ferris that data was complete and ready for approval.•Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.	900.00	900.00
Total			\$900.00

Evaluation \$900.00 & Public Relations \$800.00





Transactions Details

Posting Date	12/11/2017
Transaction Date	12/11/2017
Description	DDA CHECK 0000001585
Transaction Type	Debit
T/C	0075
Amount	800.00 + 900.00 + \$1,700.00
Balance	1,700.00

Front

Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-8001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1585 04-15/634
PAY TO THE ORDER OF Resource & Fund Development, LLC		12/7/2017	\$ **1,700.00
One Thousand Seven Hundred and 00/100		DOLLARS	
MEMO	RAFD, LLC Sharon McCall 5525 Superior Drive Suite C-2 Baton Rouge, LA 70816		
⑤ 4			
⑈001585⑈ ⑆065400153⑆			

Evaluation \$900.00 & Public Relations \$800.00



Transactions Details

Posting Date 12/11/2017

Transaction Date 12/11/2017

Description DDA CHECK 0000001585

Transaction Type Debit

T/C 0075

Amount \$1,700.00

Balance

Front

Back

RAFID, LLC

121117 96190002767929 065503681

Insurance: Professional Liability \$22281

ACCOUNT NUMBER
900 - 5143581
Refer to this number on all correspondence
CUSTOMER ID
Q00797820170620

BILLING STATEMENT

FIRST INSURANCE*
FUNDING
A WINTRUST COMPANY

FIRST Insurance Funding
450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
Phone: (800) 837-2511 Fax: (800) 837-3709
www.firstinsurancefunding.com

NOTICE DATE
11/17/2017
INSTALLMENT DUE DATE
12/06/2017

Insured
FAMILY VALUES RESOURCE INSTITU POST OFFICE BOX 74403 BATON ROUGE, LA 70874

Agent/Broker INSURANCE ONE AGENCY, L.C.
Phone: (972) 267-8000

Previous Account Balance	\$ 1,774.26
Payments/Adjustments	\$ (363.66)
Fees and Other Charges	\$ 11.00
Current Account Balance	\$ 1,421.60
Past Due Amount	\$ 0.00
Current Installment Amount	\$ 352.66
Service Fee	\$ 11.00
Total Amount Due	\$ 363.66

Any Past Due Amount is due immediately.

Check your account online. Your username is "900-5143581".

- If you mail your payment please allow 7-10 days mailing time to ensure timely application of your payment.
- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, or if changes to your policies are needed, please contact your agent or broker listed above.
- DIRECT DEBIT** - If you are enrolled in Direct Debit, the Total Amount Due will be automatically deducted from your bank account on the Installment Due Date.
- You may pay online or by phone. Our contact information is listed at the top of this statement.
- Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the address listed on the Remittance Stub.**

Please visit our website to check your account, make a payment, change your address and view documents online!

www.firstinsurancefunding.com

Thank you for allowing us to be of service! We appreciate your business.

20015468

FIFCBILL0912

FIRST INSURANCE*
FUNDING

A WINTRUST COMPANY

Please make checks payable and mail to:
FIRST Insurance Funding
PO Box 7000
Carol Stream, IL 60197-7000

Have you moved? Please check this box and print your new address on the back.

☐

Insured
FAMILY VALUES RESOURCE INSTITU POST OFFICE BOX 74403 BATON ROUGE, LA 70874

REMITTANCE STUB

Please detach and return this portion with your payment.

NOTICE DATE	11/17/2017
ACCOUNT NUMBER	900 - 5143581
CURRENT INSTALLMENT DUE DATE:	12/06/2017
TOTAL AMOUNT DUE:	\$ 363.66
AMOUNT ENCLOSED:	\$ _____

90000000514358100000036366

Professional Liability / Malpractice Insurance Charge (1st Insurance) - Breakout

Personnel Services

Position/Title	Employee Name	Monthly			Professional Liability /Malpractice Rate 1.55%	Bill To Grant
		Total Salary	% to Contract	Contract Amount		
Project Director	Barbara Thomas	4,166.67	90%	3,750.00	1.55%	58.13
Project Administrator	Michael Ferris	2,916.66	80%	2,333.33	1.55%	36.17
Compliance Coordinator	Talisha Davis	2,916.66	70%	2,041.66	1.55%	31.65
Education Specialist	Allison Davis	2,083.33	100%	2,083.33	1.55%	32.29
Data Entry/Care Provider	Patricia Brown	2,083.33	100%	2,083.33	1.55%	32.29
Client Svcs Coord/Care Provider	Shirley Walker	2,083.33	100%	2,083.33	1.55%	32.29
						\$ 222.81

0 • C

006

58.13 +
36.17 +
31.65 +
32.29 +
32.29 +
32.29 +
222.826 +

Maintenance: Janitorial

Willing Mind Janitorial Service, LLC.

P. O. Box 1773

Prairieville, LA 70769

(225) 677-9839

wmjanitorial@yahoo.com



INVOICE

BILL TO

Barbara J. Thomas
Family values Resource
Institute, Inc.
7515 Scenic Highway
Baton Rouge, La. 70807

INVOICE # 2508

DATE 12/05/2017

DUE DATE 12/20/2017

TERMS Net 15

ACTIVITY

AMOUNT

Services

Monthly Janitorial Service - November

757.00

BALANCE DUE

\$757.00





Transactions Details

Posting Date	12/13/2017
Transaction Date	12/13/2017
Description	DDA CHECK 0000001592
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front

Back

		FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1592 81-15/994
PAY TO THE ORDER OF		Willing Minds Janitorial Services, LLC	12/13/2017	
Seven Hundred Fifty-Seven and 00/100			\$ 757.00	
MEMO		Willing Minds Janitorial Services, LLC PO Box 1773 Prairieville, LA 70769		DOLLARS
			 AUTHORIZED SIGNATURE	
		001592 0065400153		

Maintenance & Sanitorial**Hancock** **WHITNEY**

Transactions Details

Posting Date	12/13/2017
Transaction Date	12/13/2017
Description	DDA CHECK 0000001592
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front

Back

121317 - ~~XXXXXXXXXX~~ <*Deposited only*

PAYCHEX**NOTICE OF AUTOMATIC PAYMENT**

Paychex of New York LLC
 4324 South Sherwood Forest Blvd Suite 125
 Baton Rouge LA 70816

Client # 0060 0060-T846
 Invoice # 2017113000

AUTOMATIC PAYMENT \$237.78

This amount will be deducted from the
 following bank account at or after 12:01 A.M.
 on 12/11/17.

XXXX0000

ADDRESS SERVICE REQUESTED

0060 0060-T846
 Family Values Resource Institute Inc
 Institute Inc
 Po Box 74403
 Baton Rouge, Louisiana 70874-4403

Electronic Payroll Transaction Fees \$215.11

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2017102600 Due 11/13/17				248.78
Payment Received - Thank You				-248.78
Balance Forward				0.00
Total New Charges				237.78
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)				237.78

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
11/15/17	Payroll/Taxpay® Direct Deposit	11/13/17	14	130.32
			8	20.60
11/30/17	Payroll/Taxpay® Direct Deposit	11/27/17	8	66.26
			8	20.60
Total New Charges				237.78
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				237.78
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

0 • C

130 • 32 +
 20 • 60 +
 66 • 26 +
 20 • 60 +

004

237 • 78 G +

0060 0060-T846 I

Invoice Date : 11/30/17

Billing Period: 10/27/17 to 11/30/17

Invoice# 2017113000

Electronic Payroll Transaction Fees \$215

Transactions Details

Posting Date	12/11/2017
Transaction Date	12/11/2017
Description	INVOICE PAYCHEX EIB 121117
Transaction Type	Debit
T/C	0036
Amount	\$237.78
Balance	

Equipment: Laptop + 100

(1 - Compliance)
(1 - Client Services)

0.0

529.99 +
53.00 +
399.99 +
40.00 +
004
1,022.986 +

Welcome to Best Buy #495
5913 BLUEBONNET BLVD
BATON ROUGE, LA 70836
(225) 761-8032



Val #: 000119-135833-475700-400126-690040-138
0495 051 1442 11/20/17 19:17

6112001 80XM00GRUS 529.99 ✓
LENOVO IDEAPAD 320 17 - 80XM00GRUS
Sales Tax 53.00 ✓
6090904 15-BS013DX 399.99 ✓
HP LAPTOP 15-BS013DX
449.99 Was Price
50.00- Sale Discount
Sales Tax 40.00 ✓
1297054 910-001675 14.99
M310 WIRELESS DARK SILVER
19.99 Was Price
5.00- Sale Discount
Sales Tax 1.50
9359343 910-004277 14.99
M310 WIRELESS BLACK
19.99 Was Price
5.00- Sale Discount
Sales Tax 1.50

Subtotal 959.96
Sales Tax 96.00
Total 1055.96

*****9477 ChipFeed USD\$ 1055.96
US DEBIT - DEBIT
THOMAS II/CHARLES R
Approval 860772
Verified By PIN

MODE: Issuer
AID: A0000000980840
Reference Number: 51119172920008

Other Savings: 60.00
Total Savings: 60.00

Equipment \$1,000.00

Chase Online

Friday, December 15, 2017

Search Results BUSINESS CLASSIC (...8002)

Transaction type: All Transactions

Date range: 11/20/2017 - 11/24/2017

Amount range: \$1055.96 - \$1055.96

Search Results 1 - 1

Date	Type	Description	Debit	Credit
11/20/2017	Debit Card Transaction	BEST BUY #495 BATON ROUGE LA 11/20	\$1,055.96	

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Subcontractor Payments



Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	PAYCHEX INC.
Transaction Type	Debit
Amount	\$15,400.00
0 • C	

1,200.00 +
3,200.00 +
2,200.00 +
3,200.00 +
3,200.00 +
2,400.00 +

15,400.00 G+

106

LOUISIANA

Alliance for Life

Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
Crossroads Pregnancy Resource Center			
Michele Beary 985-446-5004 (o) 985-859-9907 (c)	12/13/17	71	\$1,200.00 ✓
Life Choices of North Central Louisiana			
Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	12/5/17	355.5	\$3,200.00 ✓
Pregnancy Problem Center			
Frances Coleman 225-924-1400 (o)	11/30/17	158.5	\$2,200.00 ✓
Woman's New Life Center – Baton Rouge			
Allison Millet 225-218-4862 (o) 504-301-7573 (c)	12/1/17	7.5	\$1,200.00 ✓
Woman's New Life Center – Metairie			
Allison Millet 504-469-0212 (o) 504-301-7573 (c)	12/6/17	7	\$1,200.00 ✓
Women's Center of Lafayette			
Michela Camel 337-289-9366 (o)	12/7/17	329.5	\$3,200.00 ✓
Women's Help Center			
Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	12/5/17	307	\$3,200.00 ✓
>> NOVEMBER 2017 >>			
TOTAL Dollar Amount>>>>>>			\$15,400.00

Please
Verify
to Subs

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: NOVEMBER 2017

Subcommittee on Health Care - Budget Committee		
	Points	Dollar Amount
Client Service Points / Amount	7.5	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY: _____


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	WOMEN'S NEW LIFE Center
CONTACT NAME:	AMANDA L. WATSON
PHONE NUMBER:	724-503-4420

Please submit supporting client services documents (including but not limited to:
Forms and LAL Prenatal/Parenting Education Attendance

ELIGIBLE SERVICES (1 point)	Total # of Eligible Clients Served
Pregnancy Testing	2
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	Total # of Referrals Served	Referrals Served	Referrals Served
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	1
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FTAP		0	
13 STD/HIV Testing		0	
14 WIC		0	
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total # of Other Clients Served	Other Services Served
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions	2	4
Follow Up - Pregnancy Outcomes		0
TOTAL SERVICES	5	1
TOTAL POINTS	2	4.5

TOTAL	6
TOTAL POINTS	7.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services	
Reimbursement	
Total Monthly Points	
2,000.00	\$3,200.00
2,000.00	\$3,200.00
380.00	\$3,200.00

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Pregnancy Problem Center			
	Points	Dollar Amount	
Client Service Points / Amount	158.5	\$2,200.00	
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>	\$2,200.00	

APPROVED BY:


Michael Perry, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	FamilyLife Federation / Pregnancy Problem Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Frances Broissard	PROGRAM LOCATION:	
PHONE NUMBER:	225-924-6400	SERVICES MONTH:	Nov. 2017
		DATE:	11/30/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	4
New clients who took a pregnancy test and commit to full-term pregnancy	3
Pregnancy Retest	1
Returning clients who retested and commit to full-term pregnancy	1
Adoption Education counseling or informational sessions	5
Male-Adoption Education	1
Abortion Prevention Education counseling or informational sessions	5
Male-Abortion Prevention Edu.	1
Abstinence Education counseling or informational sessions	5
Male-Abstinence Education	1
Parenting Information counseling or informational sessions	3
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	4	2	9
7 OB/GYN	4	2	9
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	5	2.5	
14 WIC	4	2	10
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	6	12	
Male Prenatal/Parenting Classes (#classes x total # participants)			
Follow Up - Pregnancy Decisions	15	30	
Follow Up - Pregnancy Outcomes	4	8	
	0	0	
TOTAL POINTS	72	58.5	28

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	11/30/2017
Beginning Inventory	76
# Clients Served	4
Amount Distributed	8
Amount Remaining	68

7

Services Reimbursement	
Total Monthly Points	
1-149	\$1,200
150-299	\$2,200
300+	\$3,200

TOTAL

0

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Pregnancy Problem Center	Services Month: Oct.2017	Date: 10/31/2017
--	---------------------------------	-------------------------

PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
11/6/2017	Parenting	1	
11/1/2017	First Years Lasts Forever	1	
11/29/2017	First Years Lasts Forever	1	
11/8/2017	Nutrition (1.3)	1	
11/15/2017	Windows to the Womb (2.2)	1	
11/28/2017	Pregnancy First Trimester 1.1	1	
Totals		6	

LOUISIANA


Alliance for Life

Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Women's Center of Lafayette		
	Points	Dollar Amount
Client Service Points / Amount	329.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: The Women's Center of Lafayette	PROGRAM NAME: Louisiana Alliance for Life
CONTACT NAME: Loretta Pado	PROGRAM LOCATION: 3321 Jefferson St Lafayette, LA
PHONE NUMBER: 337-283-9550	SERVICE MONTH: November 2017 DATE: 11/7/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total LAL Eligible Clients Served
Pregnancy Testing	22
New clients who took a pregnancy test and commit to full-term pregnancy	16
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education <i>counseling or informational sessions</i>	18
Male-Adoption Education	5
Abortion Prevention Education <i>counseling or informational sessions</i>	4
Male-Abortion Prevention Edu.	2
Abstinence Education <i>counseling or informational sessions</i>	18
Male-Abstinence Education	5
Parenting Information <i>counseling or informational sessions</i>	19
Male-Parenting Information	4

REFERRALS (1/2 Point)	Total LAL Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	7	3.5	
5 Housing	2	1	
6 Medicaid (NOT certified app. centers)	8	4	
7 OB/GYN	9	4.5	
8 PreMarital/Marriage Counseling	8	4	
9 Professional Counseling	3	1.5	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	11	5.5	
13 STD/HIV Testing	18	9	
14 WIC	14	7	
15 Public Assistance	0	0	

OTHER SERVICES (2 points)	Total LAL Eligible Clients Served	Other Services Points
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Client Parenting/Prenatal Classes <i>(#classes x total # participants)</i>	7	14
Male Prenatal/Parenting Classes <i>(#classes x total # participants)</i>	2	4
Follow Up - Pregnancy Decisions	24	48
Follow Up - Pregnancy Outcomes	55	110

TOTAL SERVICES	282		0	282
TOTAL POINTS	113	216.5	0	329.5

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	11/30/2017
Beginning Inventory	119
# Clients Served	18
Amount Distributed	59
Amount Remaining	60

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,200
150 - 299	\$2,400
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report**

Subcontractor: The Womens Center of Lafayette	Services Month:	Date:
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PARENTING/PRENATAL CLASSES

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
11/3/2017	CPR and First Aid for Infant and Toddlers	7	2
TOTALS			

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Lafayette	Services Month: November	Date: 11/30/2017
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LOUISIANA


Alliance for Life


Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Woman's New Life-Metairie		
	Points	Dollar Amount
Client Service Points / Amount	7	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$1,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Allison Miller	PROGRAM LOCATION:	New Orleans
PHONE NUMBER:	504-496-0212	SERVICES MONTH:	November 2017 12/6/2017

Please submit supporting client services documentation which includes relevant LAI Client Services Records, Case Information Forms, and LAI Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL TANF Eligible Clients Served
Pregnancy Testing	2
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	
Male-Abstinence Education	
Parenting Information counseling or informational sessions	2
Male-Parenting Information	

REFERRALS (1/2 Point)	TOTAL TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	2	1	
7 OB/GYN	2	1	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	2	1	
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions		0
Follow Up - Pregnancy Outcomes		0
TOTAL SERVICES	10	0
TOTAL POINTS	4	3

TOTAL	10	7
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VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Women's Help Center		Points	Dollar Amount
Client Service Points / Amount		307	\$3,200.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid		>>>>	\$3,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Help Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Pat Brown	PROGRAM LOCATION:	Baton Rouge, LA
PHONE NUMBER:	225-359-9001	SERVICES MONTH:	Nov-17 12/5/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	24
New clients who took a pregnancy test and commit to full-term pregnancy	24
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education <i>counseling or informational sessions</i>	24
Male-Adoption Education	1
Abortion Prevention Education <i>counseling or informational sessions</i>	25
Male-Abortion Prevention Edu.	1
Abstinence Education <i>counseling or informational sessions</i>	19
Male-Abstinence Education	1
Parenting Information <i>counseling or informational sessions</i>	19
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	3
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	19	9.5	18
8 PreMarital/Marriage Counseling	5	2.5	1
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	17
14 WIC	14	7	14
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	24	48	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	12	24	
Follow Up - Pregnancy Outcomes	12	24	
TOTAL SERVICES	225	53	278
TOTAL POINTS	139	115	53

TOTAL

307

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Crossroads Pregnancy Resource Center		
	Points	Dollar Amount
Client Service Points / Amount	71	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Crossroads Pregnancy Resource Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Michelle Beery	PROGRAM LOCATION:	Trinity, LA
PHONE NUMBER:	985-446-5004	SERVICES MONTH:	November
		DATE:	12/8/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANS Eligible Clients Served
Pregnancy Testing	8
New clients who took a pregnancy test and commit to full-term pregnancy	4
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	5
Male-Adoption Education	0
Abortion Prevention Education counseling or informational sessions	5
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	7
Male-Abstinence Education	0
Parenting Information counseling or informational sessions	8
Male-Parenting Information	0

REFERRALS (1/2 Point)	Total TANS Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1/2 POINT) TOTAL CLIENTS
1 Adoption Agency	5	2.5	
2 Adult Education/GED	2	1	
3 Employment	5	2.5	
4 Food/Clothing	1	0.5	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	7	3.5	
7 OB/GYN	8	4	
8 PreMarital/Marriage Counseling	0	0	
9 Professional Counseling	3	1.5	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	2	1	
13 STD/HIV Testing	7	3.5	
14 WIC	6	3	
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	Total TANS Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	2	4	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes	0	0	
TOTAL SERVICES	90	0	90
TOTAL POINTS	37	34	71

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	12/8/2017
Beginning Inventory	96
# Clients Served	4
Amount Distributed	8
Amount Remaining	88

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life


Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	355.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:


Michael Herriss, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Life Choices of North Central Louisiana	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Kathleen Richard, LMSW	PROGRAM LOCATOR:	Ruston, LA
PHONE NUMBER:	818-255-7373	SERVICE MONTH:	Nov-17
		DATE:	11/27/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total LAL Eligible Clients Served
Pregnancy Testing	24
New clients who took a pregnancy test and commit to full-term pregnancy	17
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	15
Male-Adoption Education	7
Abortion Prevention Education counseling or informational sessions	18
Male-Abortion Prevention Edu.	7
Abstinence Education counseling or informational sessions	10
Male-Abstinence Education	7
Parenting Information counseling or informational sessions	61
Male-Parenting Information	11

REFERRALS (1/2 Point)	Total LAL Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment	3	1.5	1
4 Food/Clothing		0	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	16	8	13
7 OB/GYN	23	11.5	15
8 PreMarital/Marriage Counseling	1	0.5	1
9 Professional Counseling	3	1.5	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	22	11	15
14 WIC	12	6	11
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total LAL Eligible Clients	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	5	10
Male Prenatal/Parenting Classes (#classes x total # participants)	6	12
Follow Up - Pregnancy Decisions	17	34
Follow Up - Pregnancy Outcomes	13	26
TOTAL SERVICES	299	56
TOTAL POINTS	177	122.5

TOTAL

355

355.5

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontract: Life Choices of North	Services Month: November 2017	Date: Dec 4, 2017
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PARENTING/PRENATAL CLASSES

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For*

Date	Topic	Chart # or Total #of	Total #Male
11/7/2017 @ 6:00	Nutrition - Fast Food by Melinda Moore	3	4
11/28/17 @ 6:00	Let's eat for the Health of It by Cathy Judd	2	2
TOTALS		5	6

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Life Choices of North Central La	Services Month: Nov-17	Date: 12/5/2017
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COMMUNITY OUTREACH ACTIVITIES

i.e. health fairs, speaking engagements, walks for life, etc.

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